SEC 1972 Potential persons who are to respond to the collection of information contained in this (6/99)form are not required to respond unless the form displays a currently valid OMB control number.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal

RECEIVED

2 2 2002

02025218

Washington, D.C. 20549

FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D **SECTION 4(6), AND/OR** 

UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2002 Estimated average burden hours per response... 1

SEC USE ONLY Prefix Serial DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Maine Clambake Company, Inc. Filing Under (Check box(es) that [x] Rule 504 [] Rule 505 [] Rule 506 [] Section 4(6) [] ULO MANCIAL apply): Type of Filing: [X] New Filing [ ] Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indiciate change.) Maine Clambake Company, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 775 Oak Street, Suite 9, Mountain View, CA 94041 (415) 965-9922 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (if different from Executive Offices)

(Including Area Code)

same

**Brief Description of Business** 

seafood sales

Form D	Page 2 of 10
Type of Business Organiza	ation
[ X] corporation	[ ] limited partnership, already formed [ ] other (please specify):
[ ] business trust	[ ] limited partnership, to be formed
	Month Year  f Incorporation or Organization: [0]4] [0]2] [¾ Actual [ ] Estimated  n or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction) [C][A]
GENERAL INSTRUCTION	S
Federal:	
	making an offering of securities in reliance on an exemption under <u>Regulation D</u> or 01 et seq. or 15 U.S.C. 77d(6).
deemed filed with the U.S.: the SEC at the address give	be filed no later than 15 days after the first sale of securities in the offering. A notice Securities and Exchange Commission (SEC) on the earlier of the date it is received by en below or, if received at that address after the date on which it is due, on the date it is registered or certified mail to that address.
Where to File: U.S. Securiti	es and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
	opies of this notice must be filed with the SEC, one of which must be manually signed. gned must be photocopies of manually signed copy or bear typed or printed
name of the issuer and offe	w filing must contain all information requested. Amendments need only report the ring, any changes thereto, the information requested in Part C, and any material on previously supplied in Parts A and B. Part E and the Appendix need not be filed with
Filing Fee: There is no fede	ral filing fee.
State:	
This notice shall be used to	indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[ ] Promoter [x] Beneficial Owner	[戊] Executive Officer	[X] Director [ ] General Managir Partner	
Full Name (Last name	e first, if individual)			
Grove, Robert	Α.			
3 (100 - 3 - 9 - 9 - 9 - 9 - 9 - 9 - 9 - 9 - 9	ce Address (Number and Street,	City, State, Zip Cod	∋)	
<b>77</b> 5 Oak Street	., Suite 9, Mountain Vie	w, CA 94041, (4	15) 965-9922	
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[ ] Director [ ] General Managin Partner	
Full Name (Last name	e first, if individual)			
Business or Residence	ce Address (Number and Street,	City, State, Zip Cod	e)	
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[ ] Director [ ] General Managin Partner	
Full Name (Last name	e first, if individual)		and a service of the	
Business or Residence	ce Address (Number and Street,	City, State, Zip Cod	⊋)	
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[ ] Director [ ] General Managin Partner	
Full Name (Last name	e first, if individual)			
Business or Residence	ce Address (Numbèr and Street,	City, State, Zip Code	e)	n agus ann an magairtí na mhaigh air ag agus agus ann an 1840 th an cuna
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[ ] Director [ ] General Managin Partner	
Full Name (Last name	e first, if individual)			
Business or Residence	ce Address (Number and Street,	City, State, Zip Code	e)	namen ye kata (han kerangan dan kata dan dan kerangan berana dan dan dan dan dan dan dan dan dan
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[ ] Director [ ] General Managin Partner	

Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)			
Check Box(es) that [ ] Promoter [ ] Beneficial [ ] Executive [ ] Director [ ] General and/or Apply:  Officer Managing Partner			
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)			
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)			
B. INFORMATION ABOUT OFFERING			
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.			
2. What is the minimum investment that will be accepted from any individual?\$			
3. Does the offering permit joint ownership of a single unit?			
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.			
Full Name (Last name first, if individual)			
N/A			
Business or Residence Address (Number and Street, City, State, Zip Code)			
Name of Associated Broker or Dealer			
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers			
(Check "All States" or check individual States) [ ] All States			
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]			
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]			

Full Name (Last name first, if individual)

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Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) ...... ] All States [AL] [AR] [CA] [CO] [CT] [DC] [FL] [GA] [HI] [AK] [AZ] [DE] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [NV] [MT] [HH] [MM] [NY] [NC] [HO] [OK] [OR] [PA] [NE] [NJ] [ND] [TN] [XT] IUTI [VA] [AW] [WV] [WI] [PR] [RI] [SC] [SD] [VT] [WY] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) ...... ] All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [Al] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NV] [NH] [NJ] [MM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [NE] [RI] [TN] [XT] [UT] [VT][VA] [WA] [WV] [W] [WY] [PR] [SC] [SD] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

T 10 "		Amount Already
Type of Security	Offering Price	Sold
Debt	\$0	\$0
Equity	\$ <u>5,000</u>	\$ 5,000
[ ] Common [ ] Preferred		Α.
Convertible Securities (including warrants)	\$0	\$0
Partnership Interests	\$0	\$0
Other (Specify).	\$0	\$ 0
Total	\$ 5,000	\$ 5,000
Answer also in Appendix, Column 3, if filing under ULOE.		

Aggregate

2. Enter the number of accredited and non-accredited investors who purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under <u>Rule 504</u>, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Dollar Amount of Purchases
Accredited Investors	1	\$ 5,000
Non-accredited Investors	0	\$0
Total (for filings under Rule 504 only)	1	\$ 5,000

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u>, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of offering	Type of Security	Dollar Amount Sold		
Rule 505	N/A	\$	0	
Regulation A	N/A	\$	0	_
Rule 504	common	\$	0	_
Total		\$	0	_

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	[]\$0
Printing and Engraving Costs	[]\$ 0
Legal Fees	[]\$ 0
Accounting Fees	[]\$ 0
Engineering Fees	[]\$ 0
Sales Commissions (specify finders' fees separately)	[]\$0
Other Expenses (identify)	[]\$
Total	[]\$

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." ...........

5,000

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

Payments to Officers, Payments

		Directors, & Affiliates	To Others
Salaries and fees		[]	[]
Purchase of real estate		[]	[]
Purchase, rental or leasing and installation of macl	ninery	\$ [] \$	_\$ [] \$
Construction or leasing of plant buildings and facilit		[] \$	[]
Acquisition of other businesses (including the value securities involved in this offering that may be use exchange for the assets or securities of another is pursuant to a merger)	d in suer	[] \$	[] \$
Repayment of indebtedness		[] \$	[] \$
Working capital		[] \$	kk \$ 5,000
Other (specify):	<del></del>	[] \$	[] \$
		[ ] \$	\$
Column Totals		[] \$	<u>ҚҚ</u> \$_5,000
Total Payments Listed (column totals added)		[]\$_5	,000
D. FEDERAI	_ SIGNATURE		
The issuer has duly caused this notice to be signed by the filed under Rule 505, the following signature constitutes Securities and Exchange Commission, upon written requany non-accredited investor pursuant to paragraph (b)(2	an undertaking by the issu uest of its staff, the informa	uer to furnish	to the U.S.
Issuer (Print or Type)	Signature // //	Date	į.
Main Clambake Company, Inc.	14 Dev		+/11/02
Name of Signer (Print or Type)	Title of Signer (Print or Ty	pe)	
Robert A. Grove	President		
ATTE	NTION		
Intentional misstatements or omissions of fac	t constitute federal crim	inal violatio	ns. (See 18
U.S.C	. 1001.)		
E. STATE S	SIGNATURE		
		<del></del>	